

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	1							51			
2		1						52			
3		1						53			
4		1						54			
5		1						55			
6		1						56			
7		1						57			
8		1						58			
9		1						59			
10	1							60			
11		1						61			
12		1						62			
13		1						63			
14		1						64			
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17		1						67			
18		1						68			
19		1						69			
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40								90			
41								91			
42								92			
43								93			
44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.	2							TOTAL IND.			
TOTAL DEP.	14							TOTAL DEP.			
TOTAL CLAIMS	16							TOTAL CLAIMS			